

Congressman Burton, distinguished members of the Committee, I thank you for inviting me to give testimony here today.

I graduated from New York Medical College 40 years ago and have had a broad practice experience. I was an Air Force Flight Surgeon, a Medical Missionary in Malawi, Central Africa, a General Internist, a Medical Oncologist, and for the past 15 years, a practitioner of alternative medicine. I was the founding president of the Virginia Oncology Group and the member of the Eastern Cooperative Oncology Group and the Mid Atlantic Oncology Program.

After 13 years of using FDA approved Chemotherapy protocols, I concluded that such therapies were extremely toxic, poorly tolerated, and not effective in prolonging survival in most solid tumors of adults. Over a 10 year period, I signed 170 death certificates per year by using chemotherapy. It was obvious to me that I was not treating the essential issues in the management of patients with cancer.

In 1983, my patients began to request therapies other than chemotherapy. I agreed, and without even knowing it, I became an "alternative medicine practitioner" and was "red flagged" by opponents to this form of therapy.

Being a classical oncologist and a clinical investigator, I was pleasantly surprised by the clinical responses that I saw. I gave Urea to one patient with breast cancer. She had a complete response of tumor in her lung and liver and had no bone marrow toxicity, no hair loss, and no heart damage. Her quality of life was excellent. She was seen traveling on her husband's Harley-Davidson motorcycle 10 years later.

I reported to the office of Technology Assessment a 75% response rate using Autogenous Vaccine. They recommended that further trials be conducted. My Medical Board, disregarding the fact that Autogenous Vaccine was grandfathered in the 1938 Food Drug and Cosmetics Act as the ordinary practice of medicine, refused to let me use it.

The first rule of therapeutic is “do no harm”. I could not adhere to this rule by using chemotherapy. Therefore, I was eager to use less toxic methods of treatment.

Nutrients such as vitamins, minerals, and enzymes all have an added benefit in treatment of cancer. Chelation Therapy, although not curative, has been helpful in eliminating toxic heavy metals. Homeopathy and herbals are useful. Comfort measures including massage therapy, deep muscle relaxation techniques, and lymph massage frequently eliminate the need for narcotics. Various detoxification programs, including the use of saunas, are also helpful. Acupuncture has therapeutic benefit in many ways.

I have just completed establishing a database in 670 cases using Electro-Acupuncture. I can now demonstrate which bacteria, viral, fungal, chemical, and pesticide signals are seen on each acupuncture point. Even dental heavy metals, such as mercury, gold, and titanium can be recognized in various clinical conditions. In my experience, this technology has great potential for clinical application and should be studied.

The basic scientists have been telling us all along that the human body, like other biological systems, is an integrated, non-linear system that is dissipative, non-equilibrium, and dynamic. Alternative medicine addresses many of these issues and focuses on the body, trying to assist it in maintaining disease free state.

A cancerous tumor is an effect of the body's inability to maintain a healed state. Yet, the current system's focus is almost entirely on the “lump and bump”, that is, on the tumor or its

components with the object to destroy it by means of a manufactured product. This system is linear and reductionist. Suppressive therapy with chemotherapy has led to enormous toxicity and to the development of multi-drug resistance, a current major health problem. Research into non drug therapies is urgently needed in order to overcome this problem. Biophysics should be explored in such areas as quantum and potential fields, magnetic field evaluation using S.Q.U.I.D. (super conducting quantum interference devices), subtle energy states, and biological information systems.

Many practitioners in alternative medicine have their unique method of addressing the health of their patients. One practitioner may emphasize removing dental metal, another use of enzymes, yet, another immune stimulation. But they all use multiple modalities of treatment. In order to evaluate the efficacy of each practitioner, his method must remain intact. This will require a change in policy by the FDA. Requiring study of each individual component of the system would not be productive in defining the outcome of the method itself, since these are integrated, non linear systems. Studies incorporating both standard and/or alternative methods should be conducted.

One of my great concerns is the lack of physicians to conduct clinical trials. In my experience, the regulation of alternative medicine has taken on the characteristics of a police state. There has been a deliberate attempt by its opponents to of alternative medicine describe it as fraudulent and unscientific. Opponents encourage the reporting of all alternative care practitioners to state and federal regulators. This has discouraged many physicians from entering this field and has placed a heavy financial burden on those already in practice. I, myself, have spent \$300,000 in my legal defense. Only last week did I get back an unrestricted license after a five year struggle. I am sure 110 of my satisfied patients at the hearing had something to do with

the outcome.

Physicians must be free to prescribe safe and effective therapies from whatever school of thought in which they are trained. Remember both medicine and law engage in “practice”. There is no guarantee of outcome. Simply using alternative therapies should not be a cause for license revocation or probation.

I encourage you to provide funding for both basic research and for clinical trials in alternative medicine through the National Institute of Health and the Office of Alternative Medicine.

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